MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved

Open Problem Reports:

NONE					

Resolved Problem Reports:

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
820	820027	ADHS/BHS	See Claredi report - Attached. Numerous issues.	New test file sent to BHS 6/5/03. 08/07/03 CJ Major: Format is now ok, but we did not get a complete file. We only got our summary segments for the Title XIX population, not Title XXI or HIFA. We are also only getting one file a month. We still need to pass a couple of *complete* tests before we think about production. Altered 820 code in Oracle to correctly account for BHS pmts. Tested OK.	09/03/03

820	820042	APIPA	These are the test results for the most recent 820 and 834 test transactions that were on the VPN.
			
			820:
			Message Summary Code Count Message
			                           W21050 9410 May not contain 'ZZ' until the HIPAA Individual
			                                         Identifier
			is available.
			                           B42004 1 Code value 'T' at BPR01 can only be used when
			                                         Payment
			Method Code (BPR04)
			is Check (CWK), Federal Reserve Funds/Wire Transfer (FWT), or Society for Worldwide
			 Interbank Financial Telecommunications (SWT)
			W10009 1 Warning! padding, spaces or control characters after segment terminators
			will be ignored
				No unknown issues were noted. All errors have been resolved by Claredi.
				
				Only warnings and business errors were reported for 820 no hipaa errors were reported.
					09/05/03

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			(See attached file: AHCCCS_820_TEST_030626.zip)		
834	834145	APIPA	We pulled our monthly roster, ran it through claredi and below are the summary of errors. For the most part I think the errors are really tide to the quality of data that may be in the data field than a program bug itself. I would however take note of the data values and perhaps place a patch in the translation programs to address these possible errors. Bottom line the 834 file looks nice. H10016 163 Leading spaces are not allowed in 'Member Residence Street Address - Address Information'. The X12 syntax requires the suppression of leading and trailing spaces. H51123 4 This Zip Code is not currently used by the US Postal Service. H20628 3 The value '855206716' at 'NM109' doesn't appear to be a valid 'Social Security Number Format'.	Put patches in map to fix data problems by trimming spaces. Spec update not needed.	07/26/03

834	834121	APIPA	These are the test results for the most recent 820 and 834 test transactions
			that were on the VPN.
			
			820:
			Message Summary Code Count Message
			                                          W21050 9410 May not contain 'ZZ' until the HIPAA Individual
			                                                              Identifier
			is available.
			                                          B42004 1 Code value 'I' at BPR01 can only be used when
			                                                              Payment
			Method Code (BPR04)
				No unknown issues noted, errors have been resolved by Claredi.	08/13/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			is Check (CWK), Federal Reserve Funds/Wire Transfer (FWT), or Society for Worldwide Interbank Financial Telecommunications (SWT) W10009 1 Warning! padding, spaces or control characters after segment terminators will be ignored (See attached file: AHCCCS_820_TEST_030626.zip)		
834	834108	APIPA	Claredi Testing errors.	Claredi has fixed the edits, and we are now in the process of certifying files.	08/11/03
834	834326	APIPA	This has been logged in the AHCCCS HIPAA Issues Log as Action Item #1163. Please send your response to the AHCCCS HIPAA Test Team email address so it can be formatted and the response emailed back accordingly. Thank you! Supporting files sent to Eric 10/24 -----Original Message----- From: David J Wormell [mailto:david_j_wormell@uhc.com] Sent: Friday, October 24, 2003 9:48 AM To: AHCCCSHIPAATestTeam@ahcccs.state.az.us Cc: Charles Revenew; Brook E Steinmetz Subject: 834 Test File HIPAA Hard Errors. Importance: High Hello, We pulled today's (10/24/03) 834 data file for us and ran it through clarEDI. Two forms of HIPAA hard errors came up and we can not send this file through our testing system until we can get rid of the HIPAA hard errors. I have attached the two problem reports with one clarEDI	All items have been addressed, please refer to attached. Thanks! H20205 resulted from a bug in Claredi's editing system that Claredi has acknowledged and fixed. H45075 was fixed by AHCCCS to address problem report 834322. This edit could still be an issue for Hawai'I.	11/21/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			analysis report that addresses both problems. Thank you. David Wormell, APIPA 602.664.5242 (See attached file: APIPA - 031024-834-2-1010ProblemReportForm101003.pdf)(See attached file: APIPA - 031024-834-1-1010ProblemReportForm101003.pdf)(See attached file: velocedi_err_2vP0QS[1].html.zip)		
834	834217	CONSORTIUM MEMBERS	Will initiate a problem report to make this change. Take everything down to the 2300 level and make it health coverage. Add is a 021, insurance one code would be an AG. AG is Preventative care wellness. Plan coverage description of PG and effective date as the date the file was processed.	Mapping was completed according to attached documentation.	09/02/03
OTH	OTH004	CONSORTIUM MEMBERS	COB03 should have been a '5' for Unknown. Pg. 12; 10; 13.	Addressed in another ticket. Duplicate.	08/14/03
820	820064	CRS	Need a problem ticket for item 3 below - translator specs say N/A on NM108 in the 2100B loop, and the map matches the specs. Confirmed with MaryKay; it must be "N"; NM108 is a qualifier that precedes the data in NM109. Mercator compliance checker didn't catch it, but then might not have anyway. This is from the corrected CRS file I sent them Thursday morning after our discussion with them at the consortium meeting Wednesday (so the file was created on my box, and didn't go through Commerce Manager, which should have caught it). Items 1 and 2 can be explained by the fact that the file was created on my box, and I use a generic Partner Info file, not	Map corrected - Ready to Deploy	08/19/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved

			the data that would normally come from Partner Manager.
			
			Item 4 is a data issue; the file I got to translate did not have the data to be moved across. It comes from the Recipient system, and is the CRS Client Id. Deb Hays and Shirley Schwartz are currently looking into the mainframe process to determine if the data is simply not on our Recipient files, or possibly being pulled incorrectly. I'll let you know if we find a problem there.
			
			Matt
			
			-----Original Message-----
			From: Tom Browning [mailto:tbrowni@hs.state.az.us]
			Sent: Friday, August 15, 2003 10:54 AM
			To: MCFurze@ahcccs.state.az.us; Brian Heise
			Cc: DCKoch@ahcccs.state.az.us; LAPetre@ahcccs.state.az.us; Dimiter Pekin; Dennis Seidel; Jeannette Heller; Leland Cisney; Ric Surber
			Subject: Re: Corrected 820 file
			
			Matthew,
			
			  There are a few problems with the initial 820 test file.
			
			  1) The receiver identification information in the ISA and GS segments do not match the documentation from AHCCCS for identifying CRS as the recipient. I modified these to allow the file to be tested in CRS translators.
			
			  2) The Loop 1000A Premium Receiver's Name segment N1 contains the name 'DES BHS' in N102. I modified it to allow the file to be tested in CRS translators.
			
			  3) The file cannot be translated due to missing data in		

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			Loop 2100B element NM108. NM108 should always be "N", "Insured's Unique Identification Number", to identify NM109 as the Client ID number. 4) The first ENT loop does not have any data in the NM108 or NM109 elements. There should never be blanks in Loop 2100B NM108 or NM109, because it a CRS member must have CRS ID. This is a data issue, but I am not sure how to resolve the amount to our database if I cannot identify the CRS member. We may need to discuss this separately. Tom Browning		
820	820087	CRS	Change the CRS 820 to be summary data only.	Changes made per new specs. Test file sent thru CLAREDI, passed. Map ready to deploy.	09/10/03
834	834177	CRS	CRS wants to use '1' - coordination of benefits in COB03 instead of '5' unknown.	Changed to autoplug '1' from autoplug '5' in COB03.	07/17/03
834	834129	CRS	CRS: The following changes need to be made to the spec and map. 1. In the 2000 loop, segment Member Policy Number, element REF02 please add Voucher ID concatenated at the end. This element will now have HP-ID+CHANGE-IND+CURR-ELIG-TYPE+CURR-RISK+VOUCHER-ID 2.In the 2320 loop, element COB03 please change the autoplug "U" to autoplug "5".	Change the map per description of problem.	07/09/03
820	820030	DHS/BHS	The specs for the 820 and the 834 only read: "Assign Unique Identification Number" Ted, who did the 271, and my guess because he is the most familiar with EDI - picked up that it was going to be a numeric field in a text definition and defined the element more along the lines of a numeric.... the field itself is a 4/9... meaning that the minimum length is 4 and the maximum length is 9....so you would expect 0001 rather	Database team refreshed the payment database over the weekend. We re-ran jobs on 6/23/03. All 820 files to MQD Server on 6/24/03.	06/26/03

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			than 1...... It has come to my attention that there is more than one method that is being used at AHCCCS to create the Transaction Set Control Number (Element ST02 and SE02) for the different transactions. The TS Control Number is identified as an alphanumeric field with a minimum length of 4 and a max length of 9. From the discussion in the 834 IG for the ST and the 820 IG for the SE, the example is to start with 0001 and increment from there. It appears that whomever coded the 834 and 820 decided to left justify and right *space* fill this field. Thus the first sequence number shows as 1 followed by 3 spaces, instead of the suggested and more often used 0001. The person working on your 270/271 is using the 0001 method, which seems, at least to us, the more acceptable method. Our translator (like Claredi) will process a file using the left justify/right space fill method, however we will not be able to create a valid 997 due to the fact that trailing spaces are trimmed from the element during processing. Please let me know if you are going to have a common scheme for ST/SE control numbers, and I would hope that you would use the method of starting at 0001 and incrementing from there.		
834	834109	DHS/BHS	The specs for the 820 and the 834 only read: "Assign Unique Identification Number" Ted, who did the 271, and my guess because he is the most familiar with EDI - picked up that it was going to be a numeric field in a text definition and defined the element more along the lines of a numeric.... the field itself is a	Maps have been updated to process the ST Control Number as requested.	06/11/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			4/9... meaning that the minimum length is 4 and the maximum length is 9....so you would expect 0001 rather than 1...... It has come to my attention that there is more than one method that is being used at AHCCCS to create the Transaction Set Control Number (Element ST02 and SE02) for the different transactions. The TS Control Number is identified as an alphanumeric field with a minimum length of 4 and a max length of 9. From the discussion in the 834 IG for the ST and the 820 IG for the SE, the example is to start with 0001 and increment from there. It appears that whomever coded the 834 and 820 decided to left justify and right *space* fill this field. Thus the first sequence number shows as 1 followed by 3 spaces, instead of the suggested and more often used 0001. The person working on your 270/271 is using the 0001 method, which seems, at least to us, the more acceptable method. Our translator (like Claredi) will process a file using the left justify/right space fill method, however we will not be able to create a valid 997 due to the fact that trailing spaces are trimmed from the element during processing. Please let me know if you are going to have a common scheme for ST/SE control numbers, and I would hope that you would use the method of starting at 0001 and incrementing from there.		
834	834197	Global Works System	In the EDI 834 daily update file, the DMG segment is missing for change transactions. For Add (021) and Term (024) transactions, the DMG segment is present. But, the DMG segment is missing for Change (021) transactions. We use the Date of Birth and Gender fields in the DMG	This is a TPL only record. No change record exists. These examples exist only on the file 030609.DLR. They do not exist on 030608.DLR	08/08/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			segment for member matching, so we are unable to process the change transactions without the DMG segment		
837	837075	HCA	Submission of 'FA' in the GS01 field. AHCCCS expected 'BE'	Referred Ethan to the IG specific to the 997 transaction, via web address (email dated 08/06/03)	09/19/03
835	835022	I.H.S. PNC	See HIPAA validation results. All, Attached are the HIPAA validation results for Arizona Medicaid. The report was generated from the test file PNC received from Healthlogic on 10/07/03. (See attached file: hl-azmedicaid hipaa rpt.txt) Please make the necessary corrections to the 835 and resend the data. Also, the GS03 element only includes part of the provider number. Could you please include the entire provider number in the GS03 data element.	Talked with Michael Laudato of PNC Bank in Pittsburgh 412 768-3363 regarding this problem report. It turns out that the 835 file they process is a file that has been manipulated by Healthlogic, not the 835 file I originally send to HIS Tucson Sells (020579). The errors on the report we received were errors on the manipulated file, not on our 835 file. Mike and I included Jerome Mitchell of Healthlogic in our phone conversation, and he acknowledged that they do indeed manipulate the files before sending them on. He and Mike also indicated that the majority of the errors shown on the report had already been corrected. However, there were a couple of balancing issues, and research showed that the file they were working with was a file that had been created from the previous version of the 835 map. I found the correct input file, recreated the 835 from the new version of the map, and put it to the server for Jerome to work with. I will follow up via email with Jerome to make sure they have the files they need. Contact: Karen Vincler 412-768-6431	10/17/03
820	820033	MARICOPA	This one appears to be something other than an 820 file from us. The same appears to be true for one of the other	There were no "H" type errors found within the attached file.	06/18/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			attachments to the prior 834 email. Can you verify these. I will create a problem ticket for the error log that does appear to be related to our 834 file and get it to the programmer ASAP.		
834	834113	MARICOPA	Our vendor, OAO Health Systems, took one of the latest 834 sample files and ran it through their CLAREDI checker. They came up with several errors. This surprises me in that I thought the State data would already have passed CLAREDI, although maybe I'm missing something here. At any rate, could someone contact me so we can discuss these discrepancies?	These Claredi issues have been defined on ticket 834108. As soon as we get answers back from Claredi ticket 834108 we will close.	07/25/03

834	834086	MERCY CARE	1. Health coverage (2300, HD) is required when BGN08 = 2
			Test file = 030527.A.DLR
			
			2. HD01 value '001' should not have DTP01 = 349
			Note 349 value only if HD01 = '024'
			See Grey note on DTP01, value 349
			
			3. Diagnosis code V22 was not found in code table
			V22 is not a valid diag. Code
			
			THIS TICKET WILL BE USED TO CORRECT THE ISSUE FOR BOTH AZ AND HI PER THE ATTACHED SPECIFICATIONS:
			For Arizona:
			   place "PG" in the 2000 REF02 - Member Policy number for Adds and PG
			   changes.
			
			   For Hawaii:
			   Place "PG" in the 2000 REF02 - Member Policy number for Adds and PG
			   changes - behind the action code...
			   It would appear as:
			   REF*IL*RATEACPG (rate code (4), action code (2)
				1. Health coverage (230 HD) is not required on Disenrolls.
				2. It is in the spec to move the end date if it is present. The IG say that this date should be used when Hd01=024.
				We are not using the 2300 loop for disenrolls.
				3. This is the pregnancy diagnosis I have never gotten a resolution on.
				The Map and Spec have been updated for AZ and HI. Member Policy 2000 REF02.
				AZ. - Adds and RateCDCHG - If preg-Ind present autoplug 'PG' else autoplug 'No Data'.
				AZ. - Preg Chg - autoplug 'PG'
				HI - Add, PregChg, OtherChg, RateCodeChg - If preg-Ind 'Y' move Cap-RateCd + ActionCD + 'PG' wlse move cap-rate-cd + action-CD.
				The pregnancy change has been implemented as a 2300 loop. This was agreed upon at the Consortium meeting by the Health Plans 07/16/03. See the last attachments.
					07/30/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			and PG indicator (2). for the PG action code this would be REF*IL*RATEPGPG		
834	834085	MERCY CARE	Segment 7 (ISA - segment 1) or Segment 5 (ST - segment 1) contains the following values: N1{IN{Mercy Care Plan{FI{Mer010306~ The IG states if N103=FI, then N104 must equal fed tax Id number. MER010306 is an invalid fed tax Id number. Validation of the 03058.A.DLR file yields the following errors (1) Payer Name Id (1000B, N104) must be 9 numeric characters when N103=F1. Segment 7 (ISA=segment 1) or Segment 5 (ST=segment 1) contains the following values N1{IN{Mercy Care Plan{FI{Mer010306~	This test file was using an inaccurate table when running on 05/08/03. The Tax Id now comes from the Partner Manager database in Mercator, which now contains the correct Tax Id's. This was fixed by a previous problem ticket. The IG says NM104 is alphanumeric. No change made to map.	05/29/03
834	834084	MERCY CARE	The code value 030 in (Loop 2300 HD01) must not be used because the Action Code identified in (BGN08) was not equal to 4.	This problem was fixed by a previous problem report. Use new specs. Retest attached. No changes made to maps.	05/30/03
834	834202	Mercy Care/ Schaller Anderson	There are two files (edi*.mer) that appear on the ftp site, but I am unable to download. Error message is file not found.	User is trying to load edi.mer files, which have not finished the renaming process on the server. They should wait until the checklist is sent to confirm that all processes have been completed. If file name shows as: edinnnnnnnnnnnnaaannnnnaa.mer[space]|[space]date[space]time[space]file size then this file has not yet finished processing. Once it has it will be renamed with correct file naming conventions.	08/05/03
834	834290	MCP	From: VeronicaR@schalleranderson.com Error "The Code value 74 must be used in (Loop 2100A NM101) because the Entity Identifier Code (Loop 2100B NM101) is equal to 70". This is correct edit and should be forwarded to AHCCCS. Instream is setting error, when the below information is	The spec says that if the action code = 'NC', 'CI', 'C2', 'C4', then NM101='74', If action code = 'DB', 'SX', 'C3', then NM101='IL'. This example is action code 'DB' which makes NM101='IL'. Map is correct. The Companion guide is	09/24/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			populated in the 834 transaction: Loop/Element Value/Description 2100A/NM101 IL (Insured or Subscriber) 2100B/NM101 70 (Prior Incorrect Insured) Per the AHCCCS 834 Companion guide, a value of 74 (loop 2100A, NM101) should only be used if the member's name (or name and/or Date of Birth and/or Gender) is being changed (version 1.2 page 36). Also, when using a value of 74, the value of 70 must be present in loop 2100B, NM101 (version 1.2 page 40). Otherwise, both values should be IL. This rule is similar to the rule in the Implementation Guide. In the example, the subscriber's date of birth is different and the remaining information (name and gender) is the same. Therefore, a value of IL should have been populated in both the 2100A/2100B loops/NM101 element.	incorrect. In 2100B NM101 'IL' is not a valid value. The companion document will be corrected in the next version.	
834	834291	MCP	Carriage returns appear on some transactions in the monthly file 092003A. MTR. Carriage returns should not appear on transactions within a file as they may cause issues when processing the transaction. Please see examples.	Hex show '1C' which is an unprintable character being passed by mainframe application. No Map problem. Fix in Mapp Az/HI - deploy to production per Lori and Nancy. 09/25/03 Changed maps AZ-D834 AZ-M834 HI-D834 HI-M834 TF The C/R is in the address field in our system. It shows up on the monthly roster as well, however we have not had any complaints about that.	10/17/03
834	834292	MCP	InStream is setting error "The Zip code "xxxxx" was not found in code table zip". This error should be set to a warning, as an eligibility file will not be rejected due to an invalid zip code. The zip codes 85209, 86366, 85059, 85056, 85052, 854418116, 86364, 82377, 85091, and 85057 created an error record on the detail report. Loop/Element Value/Description	Not an AHCCCS issue	09/22/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			2100C/NM403 Subscribers Zip Code		
834	834321	MCP	Reported by. Veronica Rivera Error "The Code value 74 must be used in (Loop 2100A NM101) because the Entity Identifier Code (Loop 2100B NM101) is equal to 70". This is correct edit and should be forwarded to AHCCCS. InStream is setting error "The Code value 74 must be used in (Loop 2100A NM101) because the Entity Identifier Code (Loop 2100B NM101) is equal to 70"., when the below information is populated in the 834 transaction. Loop/Element 2100A/NM101 Value/Desc IL (Insured or Subscriber) Loop/Element 2100B/NM101 70 (Prior Incorrect Insured) Per the WPC Combined Guide, when changing identifying information on a member already enrolled, code value 74 should be used in 2100A/NM101, therefore requiring a code value of 70 in 2100/NM101. A code value of IL should only be used when enrolling a new member or updating a member with no change in identifying information. Per the AHCCCS Companion Guide (Appendix A) crosswalk, a change in name (NC), date of birth (DB), and/or sex (SX) is considered a change in identifying information. Therefore, if a change is being made to member's name, date of birth and/or sex, we would anticipate receiving a value of 74 in 2100A/NM101 and a value of 70 2100B/NM101. Implementation Guide Rules 004010X095A&004010X095A1 Loop 2100A Element NM101 Page 62: Desc Summary: Code 74 - Corrected Insured - Use this code if this transmission is correcting the identifier information on a	This is not a problem. The record in question is a date of birth change. Attached is a spreadsheet of what segments are required with the action codes.	10/23/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B. Code IL - Insured or Subscriber - Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer. Implementation Guide Rules: 004010X095A&004010X095A1 Loop 2001B Element NM101 Page 82 Desc Summary: Code 70 - Prior Incorrect Insured - Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in loop 2100A will be IL and the name information in NM103-NM105 will be identical in loop 2100A and this loop.		
834	834322	MCP	A maintenance type reason code of 21 appeared on a change transaction. A change transaction, containing a value of '21' (Disability) in the INS04 segment appeared on our 031006.A.DLR file. Maintenance Type Reason code '21' does not appear on the crosswalk (AHCCCS companion guide and Appendix A (AHCCCS Action Codes Translation), and therefore was not an anticipated value.	This needs to be changed in the map. It was change din the Spec on 07/17 but was missed in the map. The values now should be looked up on the crosswalk table if they are hard coded in any functional maps. This change would take one hour to fix and unit test. Functional map to change are: AddressChg, DOBNMSXChng, PregChng, RateCdChg, SOCChng The map was changed to lookup the HIPAA values for the action codes in all functional maps. Deployed to prod 11/12/03	11/24/03
834	834337	MCP	AHCCCS is not holding the position by using a blank for the LTC Transition Indicator when it's not sent.	Analysis completed, pending mgt. Review, per Lori "Open Prob Rpt" notes: 11/19/03	12/19/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved

			The "Arizona Health Care Cost Containment System (AHCCCS) Companion Document and Transaction Specifications for the HIPAA 834 Enrollment Transaction and 820 Capitation Transaction" doc. Version 1.4.1 November 2003 states on page 44 for Loop 2300 HD04, one of the valid values:
			
			"HD03 = FAC - AHCCCS strings the LTC Transition Indicator (X[1], "T" or "N"), AHCCCS Provider ID (X[6]) for the nursing home or personal care giver, and the provider Name (X[25]) in HD04. All fields in the string have a fixed length. Fields prior to the final field are replaced by spaces if not present."
			
			Loop: 2300
			Element: HD04 - Plan Coverage Description
			Follow Rule: LTC Transition Ind. (value or a blank space),
			      Facility Id (value or 6 blank spaces),
			      Facility Name (value or element terminator (I.e., '~')
			
			Loop/Element:
			2300/HD04 LTC Transition Ind., Facility Id, Facility Name
				112503 TF: The monthly map needs to put an 'N' in when the mainframe sends no code.
				
				12/19/03 - The monthly map was corrected to work like the spec.	

834	834338	MCP	An AHCCCS ALTCS 834 Transaction had violated one of their Companion Guide rules by using the wrong Action Type associated with an Action Code. Their document specifies using Action Type 024 'D' (Termination) when Action code = 22 'AO' (Plan change). The example below illustrates where the transaction is using Action Type 001 'C' (Change) with Action Code = 22 'AO' (Plan change). It appears that the rule is not being executed properly in the transaction. Please refer to "Arizona Health Care Cost Containment System (AHCCCS) Companion Document and Transaction Specifications for the HIPAA 834 Enrollment Transaction Version 1.4.1 Appendix A" and	Companion Guide will be updated in next version. The Companion guide has not been updated with the current codes. The record in queue stion is Action Type 'C'. Action Code 'TM' which translates to '22'. The map is correct. Attached is the correct mapping for the companion guide. 112603 MK: Action 22 - Plan Change maps to more	11/21/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			apply the rule accordingly. Loop/Element Value/Description 2000/INS03 001 = Change => "C" in flat file 2000/INS04 22 = Plan Change => "AO" in flat file IG rules WPC Combined 834 Loop 2000 Element INS Page 45/46 Description Summary: Maintenance Type Code/Maintenance Reason Code	than one Action Type/Action Code Combination. See also: HC MC CO .... The example shown in this problem report is a Mental Health Change (Current Action Type of "C", Action Code "MC") with additional FYI information, which is currently located on the FYI file. The Action Type Column in Appendix 1 of the Companion Guide is mapped to the INS03 element, but one HIPAA Maintenance Reason Code is mapped to Many AHCCCS Action Codes.	
834	834340	MCP	Over 26 instances were found where "SRC" was passed as a language code. The closest language code defined in the "Arizona Health Care Cost Containment System (AHCCCS) Companion Document and Transaction Specifications for the HIPAA 834 Enrollment Transaction and 820 Capitation Transaction" doc. Version 1.4.1 November 2003 found on page 40 for Loop 2100A LUI02 is "SCR" for Croatian, which also is defined in the OFFICIAL ISO 639 Language Code document and OFFICIAL NISO Z39.53 Language Codes document as "SCR" for Croatian. Please refer back and apply the proper language codes as defined in the OFFICIAL ISO 639 or NISO Z39.53 Language Codes document for the following elements: Loop 2100A Element LUI02 - Language Code Follow Rule: Select predefined Valid Language codes as	Table update, L and R table. The language and race table needs to be updated to reflect 'SCR' instead of "SRC" from creation. Companion Guide is correct.	12/19/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			defined in the tables. Loop/Element Value/Description 2100A/LUI02 Valid Language Codes IG Rules: Document: WPC Combined Loop: 2100A Element: LUI Page: 80 Description Summary: Identification code		
834	834341	MCP	According to AHCCCS "Arizona Health Care Cost Containment System (AHCCCS) Companion Document and Transaction Specifications for the HIPAA 834 Enrollment Transaction and 820 Capitation Transaction" doc. Version 1.4.1 November 2003 states in Appendix A, page 59 for Loop 2300 when HD03 = "AK", the Loop 2300 HD01 Maintenance Type code suppose to be "001", 'change', but it is coming in as a "021" an 'addition'. Please refer back and apply the rule as defined in the AHCCCS 834 Companion document for the following elements: Loop: 2300 Element: HD01 - Maintenance Type Code Follow Rule: According to Appendix A, follow the rules laid out on what Maintenance Type Codes suppose to be when associated with HD03 values.	The Action Type Column in Appendix 1 of the Companion Guide is mapped to the INS03 element. For this 'change', please refer to the handouts from the last Consortium Meeting, "AHCCCS Action Types and Codes to 834 Matrix 10 27 2003.xls" or available as a PDF download on the AHCCCS website . This document outlines the maintenance type and code used within the 834 transactions. Mental Health Changes, currently today a Change transaction with a "MC" action Code are mapped as changes at the INS03 level, but Adds at the 2300 level because the only date generally sent is the Begin or Effective date. Mental Health Terminations will contain a 024 - Termination. This change was made due to requests from the Health Plans.	11/26/03
837	837075	MCP	Looks like this is a case of the plans validator doing all 7 levels vs. AHCCCS's 4, in this case AHCCCS will not necessarily agree on the edits that are appearing, also when you 'dummy' down the 997, it gets very hard to figure out what the 'errors' are which is why they sent us the text		09/19/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			descriptions from the 824 to compare. We are getting a large volume of error messages from Mercy Care. Our translator is set up to check for Duplicate Control numbers. Mercy Care needs to be contacted to send unique Control numbers for each ISA-IEA for any transaction.		
834	834323	MCP	The Medicare Risk HMO Name is not present in positions 6-45 in HD04 when HD03-AJ Per the AHCCCS companion guide, the Medicare HMO Name (X[X40]) should be present in the HD04 element in positions 6-45 when HD03=HLT. Loop/Element 2300/HD04 Value/Description Medicare HMO name, per the AHCCCS companion guide	Answer is Analysis ONLY: There is no Medicare HMO Name on the mainframe file coming to Mercator. For the MHMO's not receiving the name in the detail, I was told by Dick that if they don't receive the Name of the HMO they put blanks in the MHMO name on the mainframe.	12/03/03
834	834324	MCP	The TSC ID is not present in HD04 when HD03=HLT. Per the AHCCCS companion guide the TSC Id (X[X10]), should be present in the HD04 element when HD03=HLT. Loop/Element 2300/HD04 Value/Desc TSC ID per the AHCCCS companion guide	There is no TSC ID on the mainframe file coming to Mercator. TSC ID could be populated with AHCCCS ID. Map would need to be changed. Nothing is ever passed to the Client-ID on the FYI-TSC record. Apparently the AHCCCS ID is the same as the Client-ID and it's already on the file so they do not pass it as it is repetitive data. Do we want to move AHCCCS-ID instead?	12/03/03
834	834249	PIMA	Mark, the following is from test file 030807.A.DLR. It is a sample of Action Codes EC and AA in the HD segment not being consistent. According to the Companion Document, the action code should start at the 36th position of the HD segment when passing an "HMO" loop. [Forbes, Thomas] Lori, I need a problem ticket for this to right fill with spaces the prior health plan name when it does not use all 25 bytes.	Map was fixed to space fill to correct length. No spec update needed.	09/02/03
820	820035	PIMA	We still are not getting data that mirrors production for the 820. The following plans are missing:	All files located and spreadsheet provided.	06/20/03

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			010124 (Ambulatory) and 550013 (ALTCS VENTS).		
834	834186	PIMA	Mary, an example of a member changing plans, Acute medical 010124 to ALTCS and staying with Pima Health System. We see the 22 (Plan change) and their enrollment segment ends. In the second file that member comes in as an initial enrollment. This will cause an exception in our system since this really is not an initial enrollment. Also if we were to process file B before A, we would error out. We suggest that the action be changed to a 22 instead of a 28. We can right logic that will then be able to the plan change regardless to what order the files are processed.	Unfortunately, this is an issue that exists today. There is nothing in PMMIS that links two health plans together. The system sees LTC and Acute as two totally separate health plans and treats the transactions accordingly. HIPAA doesn't make it any better or worse, just in a different package. The fix is not in the scope of this project.	07/29/03
834	834144	PIMA	Found some inconsistencies regarding dates in the 834.	Retest attached. Retested successfully. I don't have an explanation except that maybe the map needed to be redeployed. It works fine on my machine.	07/11/03
834	834123	PIMA	Which time format is AHCCCS going to follow, HHMM or HHMMSS or HHMMSSDD? Here were the errors that the validator reported: the companion doc says that the time format should be HHMM error for 030627.A.dlr: File C:\Temp\dailyrosters\030627.A.DLR: Interchange Control Number | 000000212 File C:\Temp\dailyrosters\030627.A.DLR: Content: Warn | E| 2| GS_05_337 | invalid time format File C:\Temp\dailyrosters\030627.A.DLR: Group Control Number |2120001 File C:\Temp\dailyrosters\030627.A.DLR: Transaction Set Control Number | 0001 File C:\Temp\dailyrosters\030627.A.DLR: Content: Warn | E | 2 | BGN_04_337 | invalid time format There were a total of 2 warnings, 0 errors, and 0 fatal errors	The time format in the X12 type tree was overridden in the rule to format the time to HHMM. The spec and Companion guide needs no changes.	07/09/03
834	834122	PIMA	Inconsistent format for Facility ID:	This was fixed in a previous problem	07/09/03

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			These are from file 030626.B.DLR: Although I could not find any mention of this in the companion document. I found that HD04 contains the Facility ID concatenated with the Facility Name when HD03 is 'FAC'. The problem is that sometimes the Facility Id is 6 characters and other times its 7 characters.	ticket in which the spec was also updated. The problem was that when the LTC Trans Code was not present, the facility ID and Name were shifted over left 1 space. The Map and Spec were updated to place an 'N' in the 1st position when LTC Trans Code is not present.	
834	834110	PIMA	2. Segment HD. Element HD04. When HD02 is 'FAC', HD04 should contain the Facility ID. I've hi-lited a few HD segments whose Facility ID does not look correct. Email from Mark Hart….	Changed HD04 to correctly partition the data. Spec change needed. We also need to notify the Health Plans that there is a space in LTC Transaction we will plug.	06/11/03
834	834105	PIMA	We are getting the following errors on the test files your are now submitting File C:\DataJunction7.5\Validate\030604.B.DLR: Interchange Control Number | 000000147 File C:\DataJunction7.5\Validate\030604.B.DLR: Group Control Number | 1470001 File C:\DataJunction7.5\Validate\030604.B.DLR: Transaction Set Control Number | 0001 File C:\DataJunction7.5\Validate\030604.B.DLR: Requirement: Error | L | 7 | [L.2000]L.2100A | Mandatory loop missing File C:\DataJunction7.5\Validate\030604.B.DLR: Requirement: Error | S | 0 | SE | Mandatory segment missing File C:\DataJunction7.5\Validate\030604.B.DLR: Requirement: Error | S | 0 | GE | Mandatory segment missing File C:\DataJunction7.5\Validate\030604.B.DLR:	This appears to be a problem with PIMA's mapping tool, not with our maps.	06/11/03

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			Requirement: Error | S | 0 | IEA | Mandatory segment missing File C:\DataJunction7.5\Validate\030604.B.DLR: Parsing stopped due to a unknown segment: REF was found in file: File C:\DataJunction7.5\Validate\030604.B.DLR: Parsing: Fatal Error | Parsing stopped at SegRecName=[L.2000]REF_A, SegID=REF, Filepos=342 There were a total of 0 warnings, 4 errors, and 1 fatal errors		
834	834090	PIMA	The production data in the file named 030528.A.DLR matches the data in the test file named 030529.A.DLR. It seems that when you are processing the 28th's data for the test, you are out of synch by a day for creating the process date in the file and the filename of the file.	The Production cycle starts the day before we run the UAT. The Mercator files are set to process date. The UAT for the 820 and 834 is run the morning after production runs.	06/03/03
834	834089	PIMA	The HD04 segment that will contain the ratecode and action code does not have a sub element delimiter to separate them. For example AHCCCS sent: HD{021{{HMO{3618EC~ This should have been: HD{021{{HMO{3618|EC~	Can't. HD04 is not a composite data element. See Attached.	06/04/03
837	837075	PIMA	Version Release number is incorrect. They submitted 004010. AHCCCS is expecting the full release number/information.	Referred Mark to the HIPAA IG specific to the 834 transaction, Appendix B, Oct. 2002 Addenda.	09/19/03
834	834289	PIMA	Copay amounts in the wrong loop, should be in 2100A, but appearing in 2300 Copay amounts in the wrong loop, should be in 2100A, but appearing in 2300	Changed map for action type 'A' to put copay in the 2000 (member loop) amts.	09/22/03
834	834235	University Physicians	This issue is for University Physicians, Tucson, AZ. Receiver ID UPI010314 Some Add transactions in the current manual report are not included in the daily EDI 834 files. We expected all of the transactions that currently appear on the reports to appear on the EDI 834 daily files.	Do not know of what manual or paper report they are referring to. Since they are speaking of only 3 transactions they must be referring to the Manual Payment roster of which, those transactions do not appear on the 834 - only on the 820's. Manual payments rosters are only	09/24/03

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			Two examples of members have three enrollment transactions on the paper report. They aren't included in any of the following EDI 834 daily files: 09/5/03 BD: I received a call from the AHCCCS programmer on 08/26/03, and explained that we are comparing the daily eligibility roster to the daily EDI 834 test file. We expect every transaction on the daily roster to appear on daily EDI 834 file. This problem report contains a list of three examples of transactions that appear on the daily roster but do not appear on the EDI 834 file for the same day. Please call (415) 618-0287 or email bduncan@global-works.com if you need clarification.	payments and not enrollments. 9/23 On 8/14 thru 8/16 the same files were sent to the server because of refresh problems. The 834's for those days will not match the daily rosters.	
834	834286	UNIV PHYS	The problem is that information for AHCCCS 834 Codes and Values Mapping document, the Deceased indicator is sent in loop 2000, segment InS, field 4. A value of "03" indicates deceased, and replaces the eligibility roster code "DE". For this transaction, the deceased date is in field 12 of the same INS segment. Of all the test files received late August and September, there is only one transaction for a deceased member. This is in file 030829.DLR, member sequence 2558. ***Resubmitting again on 10/8/03. Response from Lori Petre is in the "Resolution" section below. We have a new example from an August eligibility roster.*** See a new example for a deceased transaction is in the 8/23/03 eligibility roster. See detailed Prob Rpt for ID#. This transaction does not appear in any of the August 2003 EDI 834 daily test files. We would	This member came in with a Disenroll with a code of 'IE' not 'DE'. This 'IE' code converts to HIPAA Code '07' in INS04. Probably a database refresh problem. Map Okay. 10/6 At the time the file was run on 8/29 the Action Code for Recip #554448918 was 'IE' . If a 'DE' action code was entered after 9/1, the test would not show the 'DE' action because we stopped production parallel testing on 9/1. Therefore what showed up on the 9/8 eligibility roster with action code 'DE' would not match the 834 test for that date. 10/28/03: 2 members found on 10/16 roster with 'DE' action codes - both translated to a '03' record which is date	10/28/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			expect a term transaction for this deceased member effective 8/6/03.	of death. I left message with Bill as to our findings. Dick Azzi.	
834	834146	VERIZON	I thought you ought to know that you are using the Language Code Qualifier "LE" which indicates the ISO Code list.... however LUI02 contains three character codes. The NISO Code list is three character codes! ISO uses two character codes ... see the attached. Both are acceptable under HIPAA ... only code list that has two standards.	See attached - used ISO-639-2 No change needed.	07/11/03
834	834128	VERIZON	We have just delivered the Addenda changes to APIPA, this week. We have tried to process AHCCCS 820s and 834s Through Mercator and into our QA system. We are having a problem with the Daily 834s This is the message that appears throughout the (EDIFECS) HIPAADesk error reports for every 834 file we try to process It seems that for every INS segment with the INS-03 value = to 001 or 021, there must be an HD segment present. |--||Segment HD is missing in the loop 2000. It's required when enrolling a new||member or when adding, updating or removing coverage from an existing ||member (INS03='001' or '021').|| ||This segment was expected after: Segment Count: 341, 434, 445, 593, ||613............ ||--	After carefully reviewing our specs and the implementation guide, it appears that we are mapping the 834 correctly. When the INS03 element contains '001' or '021' the HD or 2300 loop must be present only if there is a change to the coverage or when adding new coverage or when terminating a coverage. In the file of theirs that I looked at, it appears that the error is happening on address changes mainly. These are demographic changes and have no change to the coverage with them. We do not get the errors that they get when we pass our file through CLAREDI. My suggestion is that they look at the editing(certification) system that they are using.	07/08/03

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			---| We have not tried the Monthly since we cannot get the Daily (smaller) files to work. We have processed 820s successfully in a test.		
834	834096	VERIZON	Trying to access the APIPA test 834 and 820 files Per Companion Guide, looking for: FTP\010158\HealthPlan\Rosters\OUT\TEST\ Do not find folders with these names. Only find current FTP\API\HLP\Rosters\Test What am I missing? We know the monthly files aren't ready, but thought we'd download the dailys.	The companion guide needs to be updated to reflect the following: FTP\API\HLP\Roster\Test This is the correct file path. The path in the companion guide has never existed. It is to my understanding that we were not changing the file names or file paths. Monthly's are in these folders also. This info. Is being removed from the companion guides, per John. 6/5/03	06/05/03
834	834307	YAVAPAI	PLEASE COMPLETE ANALYSIS ONLY AND FORMULATE A RESPONSE - DO NOT MAKE ANY CHANGES TO MAINFRAME PROGRAMS OR MAPS WITHOUT APPROVAL BY BOTH LORI AND NANCY. For the Group or Policy number on a number of 834 records, AHCCCS is sending us the string NO DATA. For others, we a get a letter that corresponds to a Benefit Plan suffix (e.g. 'L' is suffix of '110025-L') However, what are we supposed to be doing with the "NO DATA". Some of the sample files have NO DATA for Add records. We cannot identify a Benefit Plans in these cases and do not know how to proceed. Is it possible for them to avoid the NO DATA cases? I've looked in the companion doc off their website and	The Health Plans agreed to put 'no data' in the REF-1L segment in the 2000 loop at one of the consortium meetings. Marykay felt we needed to populate this element per the implementation guide. However, I would like to see an example of this same element beign populated with 110025-L. This can't happen because the element is always being auto plugged with 'No Data'. 11/25/03 This was added due to Claredi Failures (an earlier problem ticket). 2000 REF01 = 1L, REF02 = Group Policy Number: The Group Policy Number is a required	11/25/03

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			there's nothing about NO DATA or 1L (which is the qualifier for a Group or Policy Number). Thanks.	element and applies to all transactions sent on the 834. It must be presetn at the 2000 loop level OR the 2300 loop level. In our original mappings this element was not present/mapped at the 2000 level, just the 2300. During testing a Claredi HIPAA error was identified - a 2300 loop containing a group policy number is not always created (for TPL or FYI information only). The solution that was implemented was to include the phrase "NO DATA" in every 'record' created. This solution provided a method of eliminating the Claredi error and provided a constant to be ignored for all transactions. When discussed at a Consortium meeting, the plans were in favor. It means 'nothing', eliminated the error and should be ignored. At the 2300 level the Group Policy Number is the Contract Type. I am unclear on what the Yavapai Benefit Plan Suffix is, but the 'L' is a contract type..	
834	834308	YAVAPAI	PLEASE COMPLETE ANALYSIS ONLY AND FORMULATE A RESPONSE - DO NOT MAKE ANY CHANGES TO MAINFRAME PROGRAMS OR MAPS WITHOUT APPROVAL BY BOTH LORI AND NANCY. After evaluating the latest set of 834 files from AHCCCS, there's an obvious HIPAA issue with them that is throwing our parser a hernia. Essentially, they are sending us four instances of the same AMT segment "AMT{C1{0~" at one place. Once is fine,	DM 101403: All ALTCS enrolled members are currently exempt from co-payments for all services. Acute enrolled members will have four occurrences of the "C1" to communicate the copay for Generic Rx, Brand Name Rx, Non Emergency use of the ER, and Office Vissits. Please see the "Write-up for HPs" document from the 08/27/03 HIPAA Consortium Meeting (http:"www.ahcccs.state.az.us/HIPAA/M	10/16/03

MCO GENERATED PROBLEM REPORTS

TRAN	Prob Rpt #	IDENTIFIED BY	PROBLEM DESCRIPTION	RESOLUTION	DATE Resolved
			but four occurrences of the same qualifier "C1" is not. This is analagous to saying out loud "The copay for this member is $0.00." and then repeating yourself three times. I've modified the file to remove three of the four instances and the file behaves correctly. I have attached it. We need to report this issue to AHCCCS, because the re-use of "C1" for Copay is not allowed by our HIPAA certifier (http://www.hccocertification.com/). Additionally, there are some unpredictable cases where AHCCCS is not sending us a member's date of birth. Can this be requested for all Maintenance Types?	eetings/PDFs/911WriteupforHPs.pdf) for an explanation of how copay is being implemented for AHCCCS.	